

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		10/623,039									
	Filing Date		July 18, 2003									
	First Named Inventor		Subhashis Banerjee									
	Title	Treatment of psoriatic arthritis using human TNFa antibodies										
	Art Unit	1643										
	Examiner Name	David J. Blandchard										
Attorney Docket No.		117813-18801										
I hereby revoke all previous powers of attorney given in the above-identified application.												
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">87501</div>												
OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 17%;">Registration Number</th> <th style="width: 33%;">Name</th> <th style="width: 17%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Registration Number	Name	Registration Number				
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<input type="checkbox"/> Firm or Individual Name												
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Country		Telephone	Email									
I am the:												
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i>												
SIGNATURE of Applicant or Assignee of Record												
Signature		Date										
Name		Telephone										
Title and Company		Assistant Secretary										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.												
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.												